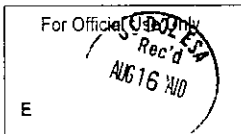


U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND** **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4951</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name <u>Nessa</u> <u>B O'Toole</u> P.O. Box, Bldg., Room No., if any Street <u>29961 Mullane Drive</u> City <u>Farmington Hills</u> State <u>Michigan</u> ZIP Code + 4 <u>48334</u>	4. Name, file number, and address of labor organization. Name <u>UFCW Local 876</u> Labor Organization File Number <u>039-461</u> P.O. Box, Building and Room Number, if any Street <u>876 Horace Brown Drive</u> City <u>Madison Heights</u> State <u>Michigan</u> ZIP Code + 4 <u>48071</u>
5. Position in labor organization. <u>Manager - Health & Welfare Fund</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Nessa B O'Toole</u>	On <u>8/15/2005</u> Date	<u>(248) 585-3488</u> Telephone Number

Name of Person Filing Nessa O'Toole	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Michigan UFCW Unions & Employers H & W Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 876 Horace Brown Drive City Madison Heights State Michigan ZIP Code + 4 48071	9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Michigan UFCW Unions & Employers H & W Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 876 Horace Brown Drive City Madison Heights State Michigan ZIP Code + 4 48071	11.a. Nature of such dealing. 1. Attend quarterly meetings 2. Attend Educational Conferences 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. *Reimbursement of expenses incurred. See attached details. 12.b. Amount. \$2,860

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Nessa O'Toole

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Segal Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 101 North Wacker Drive

City Chicago

State Illinois ZIP Code + 4 60606-7376

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Michigan UFCW Unions & Employers H&W Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 876 Horace Brown Drive

City Madison Heights

State Michigan ZIP Code + 4 48071

11.a. Nature of such dealing.

Benefits Consultant

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meal

12.b. Amount.

\$30

Michigan UFCW Unions and Employers Health and Welfare Fund
 876 Horace Brown Drive, Madison Heights, MI 48071
 Phone: (248) 585-9610, Fax: (248) 588-4008

2004 Expenses Paid by Fund for Nessa B. O'Toole (Staff)

Date	Event	Registration	Transportation	Lodging	Meals	Subtotal
4/25/04-4/28/04	Educational Conf.- Segal Advisors	\$ 850.00	\$ 293.90	\$ 1,075.48	\$ 207.15	\$ 2,426.53
6/2/04-6/3/04	Board of Trustees Mtg.		\$ 115.00	\$ 139.00	\$ 139.68	\$ 393.68
7/13/04	Lunch w/auditors				\$ 39.47	\$ 39.47
1/1/04-12/31/04	Grand Total	\$ 850.00	\$ 408.90	\$ 1,214.48	\$ 386.30	\$ 2,859.68